

St. Paul Preschool

2020-21 Registration Form

\$100 Registration Fee~ School Year only
\$60 Registration Fee ~ Summer only
\$130 Registration Fee ~ Summer & School Year (\$30 savings)
Age your child will be on September 1, 2020 _____

__ Inf __ 1s __ 2s __ 3s __ 4s __ TK

OFFICE USE ONLY

NonRefundable Registration Fee
must accompany registration form

__ \$100 (2020 School Year only)

__ \$60 (2020 Summer only)

__ \$130 (Both -\$30 savings)

__ Cash __ CC Check # _____

_____ Summer Program:

Tuesday, Wednesday & Thursday each week (\$430 total for 7 week program)
payable in 2 equal payments of \$215 (\$5.12/hr)

_____ School Year Program: Check Your Choice (Reminder: 4s and TK are 5 days only)

_____ 2 days a week: Tuesday & Thursday \$1800 annually
payable in 10 equal payments of \$180/mos (\$6.25/hr)

_____ 3 days a week: Monday, Wednesday, and Friday \$2200 annually
payable in 10 equal payments of \$220/mos (\$5.09/hr)

_____ 5 days a week: Monday through Friday \$2800 annually
payable in 10 equal payments of \$280/mos (\$3.89/hr)

_____ TK 5 days a week: Monday through Friday \$3000 annually
payable in 10 equal payments of \$300/mos (\$4.17/hr)

Child's Full Name: _____ Name your child is called: _____

Birth Date: _____ Returning Student: _____ or First Time Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Mother's Name: _____

Mother's Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Home Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Employer/Occupation: _____

Work Phone: _____ ext. _____

Father's Name: _____

Father's Address: _____

City: _____ State: _____ Zip Code: _____

Father's Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Employer/Occupation: _____

Work Phone: _____ ext. _____

Parent(s) is/are: Married / Divorced / Separated / Widowed / Single (circle one)

Emergency Contact: (other than parents/guardian):

Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Home Address: _____
Relationship to Child: _____ Child knows this person as: _____

Secondary Emergency Contact: (other than parents/guardian):

Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Home Address: _____
Relationship to Child: _____ Child knows this person as: _____

Emergency Release and Consent to Medical Care and Treatment I hereby give my permission that my child, may be given emergency treatment by St. Paul Preschool. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parent/Guardian Signature: _____ **Date:** _____

Please provide medical/insurance information below. St. Paul Preschool will not be responsible for paying for the bill.

Child's Physician: _____ Phone: _____
Preferred Hospital _____
Insurance Company _____ Policy # _____ Group # _____
Regular Medications: _____
Medicine allergic to: _____
Food allergies: _____
Any other allergies: _____
Any special health conditions: _____
Comments: _____

Signatures: *(I understand that this is a legally binding document, and have read it and understand it. Actual tuition due is based upon the annual total amount divided equally by 10 months. 30 days written notice is required to be released from this binding agreement)*

Parent/Guardian: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____